

D.I. # _____

CIVIL ACTION**NUMBER:** 08-152 SLRU.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**WARDEN PERRY PHELPS
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA DE 19977**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- No

3. Service Type

- ☒
- Certified Mail
- ☐
- Express Mail
-
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
-
- ☐
- Insured Mail
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐
- Yes

2. Article Number

(Transfer from service label)

7007 3020 0002 3321 4394

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540